

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032651

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 408

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED AUG 26 1963

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)

Joplin

Length of stay in 1b

9 mos.

c. FULL NAME OF (If NOT in hospital, give location)

Joplin General Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Jasper

c. CITY OR TOWN

Webb City

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Route #1

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First Carolyn

Middle Sue

Last Throop

## 4. DATE OF DEATH

Month August

Day 17

Year 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-14-1947

## 9. AGE (last birthday)

16

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

School

Kansas City, Missouri

U S A

## 13a. FATHER'S NAME

Arthur Throop

## 13b. MOTHER'S MAIDEN NAME

Peggy Pace

## 14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

none

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Arthur Throop, Route #1, Webb City, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MASSIVE Pulmonary Edema  
Aspiration gastric juices  
ANESTHETIC

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year  
a.m. p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 8-17-1963 to 8-17-1963 and last saw her alive on 8-17-1963  
Death occurred at 11:16 a m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

8-20-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Yoachum Pond Cemetery

## 23d. LOCATION (City, town, or county)

Reed Springs

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Mason Chapel, 108 Range Line, Joplin, Mo.

## 25. DATE RECD. BY LOCAL REG.

8-20-1963

## 26. REGISTRAR'S SIGNATURE

Sovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.